



**HEALTHCARE PROVIDER CERTIFICATE  
CITY OF GAHANNA CIVIL SERVICE COMMISSION  
POLICE PHYSICAL FITNESS EXAMINATION**

**Candidates:**

**Please provide this form to your healthcare provider for completion. It must be completed within 45 days prior to your physical fitness examination in order to be considered valid and you will need to submit it during registration at the physical fitness examination.**

\_\_\_\_\_  
**Candidate Name**

**TO THE PHYSICIAN:**

The City of Gahanna, Civil Service Commission, Police Officer Physical Fitness Examination consists of push-ups, sit-ups, and a 1.5 Mile timed run.

Please indicate that the candidate's health is such that he/she can attempt to perform these elements within the perimeters listed below:

	Yes	No
Push-ups	<input type="checkbox"/>	<input type="checkbox"/>
Sit-ups	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Mile Run	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature of Healthcare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Healthcare Provider's Name (Print or Stamped)

Physical Fitness Examination	Ages - Male				Ages - Female			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
<b>1 Minute Push Up (Minimum)</b>	26	20	15	10	20	15	10	9
<b>1 Minute Sit Up (Minimum)</b>	35	32	27	21	35	32	27	21
<b>1.5 Mile Run (Minimum)</b>	13.22	14.08	14.56	15.57	15.57	16.35	17.24	18.23